FORM D

Name of Offering

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

NOTICE OF SALE OF SECURIFIES

FORM D

OMB Number: Expires:

3235-0076 May 31, 2002

OMB APPROVAL

Estimated average burden Reurs per response . . . 16.00

RECEIVER

PURSUANT TO REGULATION DUN 0 5 2002 Serial DATE RECEIVED

02039576

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPT OF

Series A Preferred Stock and Senior Secured Convertible Note Offering

(check if this is an amendment and name has changed, and indicate change.)

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6)

Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer (check if this is an amendment and name has changed, and indicate change.) Inlighten, Inc.

Address of Executive Offices: (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

1901 McCarthy Blvd., Milpitas, CA 95035-7427 (408) 546-6104

Address of Principal Business Operations: (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) 1600 Los Gamos Drive, San Rafael, CA 94903 (415) 492-3900

Brief Description of Business: Developer of quality assurance products and services for the entertainment and consumer electronics industries.

Type of Business Organization

\times	corporation	limited partnership,	already formed

other (please specify):

PROCESSED

business trust limited partnership, to be formed

Month Year 0 2 0 2

Actual Estimated

JUN 2 5 2002

Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE

THOMSON

CN for Canada; FN for other foreign jurisdiction)

FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) McHugh, Craig Business or Residence Address (Number and Street, City, State, Zip Code) 1901 McCarthy Blvd., Milpitas, CA 95035-7427 Check Box(es) that Apply: ☐ Beneficial Owner □ Director General and/or ☐ Promoter Managing Partner Full Name (Last name first, if individual) Rottenberg, Erika Business or Residence Address (Number and Street, City, State, Zip Code) 1901 McCarthy Blvd., Milpitas, CA 95035-7427 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Chau, Micheline Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 10327, San Rafael, CA 94912 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Long, Ng Keh Business or Residence Address (Number and Street, City, State, Zip Code) 1901 McCarthy Blvd., Milpitas, CA 95035-7427 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) CTI II Limited Business or Residence Address (Number and Street, City, State, Zip Code) c/o Creative Technology Ltd., 31 International Business Park, Creative Resource, Singapore, 609921 Check Box(es) that Apply: Beneficial Owner ☐ Executive Officer Director General and/or ☐ Promoter Managing Partner Full Name (Last name first, if individual) Lucasfilm Ltd. Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 10327, San Rafael, CA 94912 ☐ Director Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Archview Capital Ltd. Business or Residence Address (Number and Street, City, State, Zip Code) 30 Bin Tong Park, Singapore, 269811

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Hoo, Sim Wong Business or Residence Address (Number and Street, City, State, Zip Code) c/o 31 International Business Park, Creative Resource, Singapore 609921 ☐ Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ Director Check Box(es) that Apply: Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING													
. 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes No 🔲 🔯				
Answer also in Appendix, Column 2, if filing under ULOE.													
2. What is the minimum investment that will be accepted from any individual?										. \$800,000			
2 5	.1 66			• •		1.0							Yes No
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												or states,	
										itea perso	ns of sucr	n a broker	
or dealer, you may set forth the information for that broker or dealer only. NONE. Full Name (Last name first, if individual) N/A													
Busines	s or Resid	dence Add	ress (Num	ber and S	treet, City	, State, Zi	p Code)		N/A				· · · · · · · · · · · · · · · · · · ·
Name o	f Associa	ted Broke	r or Dealei	•		N/A							
												·	
		Person Lis											
(Ch	eck "All S	States" or	check indi	vidual Sta	tes)	••••							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
		name first,				N/A							
Busines	s or Resid	dence Add	ress (Num	ber and S	treet, City	, State, Zij	p Code)		N/A	-		·	
Name o	f Associat	ted Broker	or Dealer	•		N/A							
	*******											,	
		Person Lis										_	
,					•		************					_	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	•
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Offering Price Debt \$2,000,000.00

Equity

Convertible Securities (including warrants)..... Partnership Interests Other (Specify)

Total.....

Preferred

Answer also in Appendix, Column 3, if filing under ULOE

Common

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases of the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Dollar Amount of Purchases		
Accredited Investors	4	\$9,000,000.00		
Non-accredited Investors	0	\$0		
Total (for filings under Rule 504 only)		\$		
Answer also in Appendix, Column 4, if filing under ULOE	•			

Aggregate

\$8,000,000.00

\$10,000,000.00

Type of

Security

Amount Already

Sold

\$1,000,000.00

\$8,000,000.00

\$9,000,000.00

A garegate

Dollar Amount

Sold

\$ 60,000.00

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed

in Part C - Question 1.

Type of Offering

Rule 505	N/A	\$
Regulation A	N/A	\$
Rule 504	N/A	\$
Total		\$
in this offering. Exclud information may be given	fall expenses in connection with the issuance and distribution of the ed amounts relating solely to organization expenses of the issuas subject to future contingencies. If the amount of an expendit and check the box to the left of the estimate.	ier. The
Transfer Agent's Fees		\$
Printing and Engravin	g Costs	🔲 \$

Legal Fees □ \$ Accounting Fees Engineering Fees □ \$

Sales Commissions (specify finders' fees separately) Other Expenses (identify) Finders' fees.

Total

	C. OFFERING FRICE, NUMBER C	of investors, eafenses and us	SE U	T PROCEEDS	<u>, </u>	
	b. Enter the difference between the aggregate offering p Question 1 and total expenses furnished in response t difference is the "adjusted gross proceeds to the issuer."	o Part C - Question 4.a. This				\$8,940,000.0
5.	Indicate below the amount of the adjusted gross proceeds be used for each of the purposes shown. If the amoun furnish an estimate and check the box to the left of the est listed must equal the adjusted gross proceeds to the issued Question 4.b above.	t for any purpose is not known, timate. The total of the payments				
				Payments to Officers, Directors, &		Payments To
				Affiliates		Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation of machine	ery and equipment		\$		\$
	Construction or leasing of plant buildings and facilities	es		\$		\$
	Acquisition of other businesses (including the value of this offering that may be used in exchange for the asset issuer pursuant to a merger)	\$8,000,000.00		\$		
	Repayment of indebtedness			\$		\$
	Working capital			\$940,000.00		Φ.
	• •			\$ <u>540,000.00</u> \$		Φ
	Other (specify)		_	\$ \$		\$
	Column Totals					\$
	Total Payments Listed (column totals added)				س	\$
	Total Payments Listed (column totals added)			⊠ \$ <u>8.</u>	940,	000.00
	D. FEDE	ERAL SIGNATURE				
follov	ssuer has duly caused this notice to be signed by the under ving signature constitutes an undertaking by the issuer to fur- staff, the information furnished by the issuer to any non-accr	rnish to the U.S. Securities and Exchang	ge Co	ommission, upo		
ssuer	(Print or Type) Inlighten, Inc.	Signature M4/		Date May 16	i, 20	02
Name	of Signer (Print or Type) Craig McHugh	Title of Signer (Print or Type) Presid	ent			
	·					
		ATTENTION		(0 - 40 11 5		004)
nter	ntional misstatements or omissions of facts cor	estitute federal criminal violation	ıs.	(See 18 U.S.	<u>C. 1</u>	001.)